

A Blue Ribbon Plan to Prevent Child Abuse and Neglect in Virginia 2005-2009



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Prevent Child Abuse

and Neglect in Virginia

2005-2009

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The Virginia Department of Social Services contracted with the Virginia Commonwealth University Center for Public Policy to facilitate the development of a state plan for the prevention of child abuse and neglect. VDSS funded this project with a Community-Based Child Abuse Prevention Grant from the Office on Child Abuse and Neglect, Children's Bureau, Administration on Children, Youth and Families, U.S. Department of Health and Human Services.



Every 13 days a child died in Virginia due to child abuse or neglect in 2004.

Executive Summary

Every 13 days a child died in Virginia due to child abuse or neglect during fiscal year 2004. During this time frame, local offices of the Virginia Department of Social Services investigated 32,148 suspected incidences of child abuse and neglect. These investigations determined that 6,876 children were victims of abuse or neglect and 8,597 were at high or moderate risk for abuse.



The Virginia Department of Social Services (VDSS) and Prevent Child Abuse Virginia (PCAV) initiated a strategic planning process in 2004 to develop a practical plan of action to prevent child abuse and neglect. The Steering Committee that developed this strategic plan represented a diversity of interests and organizations with considerable prevention knowledge and experience. Committee members included representatives of state and local agencies, nonprofit organizations, academic institutions, the military, and parents.

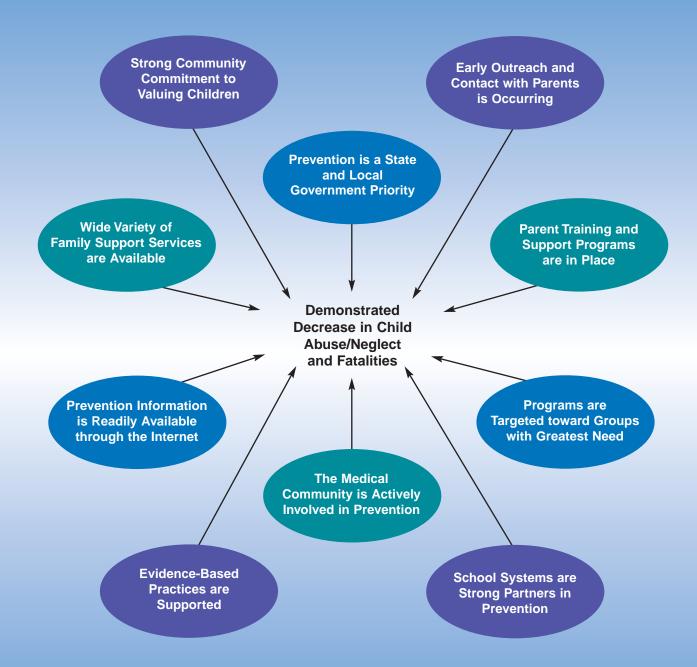
Seven public input sessions were held to support the development of the plan. One hundred forty-one participants representing parents, social service agencies, nonprofit organizations, service providers, schools, hospitals, health departments and program administrators provided their insights on needs and solutions.

Effective programs and strategies are currently in place that helps reduce incidences of child abuse and neglect, but clearly, improvements can be made. This plan identifies nine strategies that will help further reduce child abuse and neglect:

- 1. Establish a long-term leadership structure and provide authority for plan implementation and monitoring
- 2. Develop creative, flexible and sustainable funding mechanisms to support prevention efforts
- 3. Expand and strengthen prevention partnerships
- 4. Enhance the prevention capacity of the Department of Social Services
- 5. Further the use of evidenced-based and promising new prevention approaches and programs
- 6. Solicit feedback from parents and communities to help identify needs and successful programs
- 7. Increase advocacy efforts at the state and local levels
- 8. Implement interdisciplinary training on abuse and neglect prevention and expand cultural literacy
- 9. Extend public education and outreach programs

Working in partnership with renewed focus, we can make a difference!

Our Ten-Year Vision



Successful implementation of the plan recommendations will require the coordinated and cooperative efforts of everyone.

Overview of the Planning Process

In 2004, the Virginia Department of Social Services and Prevent Child Abuse Virginia partnered with public and private sector organizations and citizens to develop a state plan for the prevention of child abuse and neglect. Forty-five individuals representing a broad cross section of child abuse and neglect prevention programs, organizations and interests served on the Steering Committee charged with preparing the strategic plan.

The initial Steering Committee meeting established a shared vision for the future (opposite page) and outlined the types of information to be gathered through the stakeholder and parent input sessions.

Stakeholder sessions were held in Virginia Beach, Fairfax, Charlottesville and Wytheville. Parent input sessions were conducted in Yorktown, Richmond and Alexandria. A total of 103 stakeholders and thirty-eight parents attended. Information was gathered on successful programs and services, unmet needs, and critical issues to be addressed. This information was summarized and presented to the Steering Committee.

The Steering Committee reviewed and discussed the results of the input sessions to kick off a two-day retreat. Committee members reached consensus on critical issues and generated draft goals and strategies for improving prevention efforts.

Committee members finalized plan strategies and action recommendations during two additional meetings. The draft plan was finalized and reviewed by the Virginia Department of Social Services and Prevent Child Abuse Virginia senior staff. The plan was disseminated to all Committee members as well as interested members of the public.

This plan represents the collective efforts of numerous individuals representing a variety of agencies, organizations and perspectives. Literally hundreds of years of combined experience preventing child abuse and neglect was represented by Steering Committee members. Numerous other experiences and perspectives became available through the input sessions.

The plan is meant to remain dynamic and responsive to changing needs and evolving opportunities. Successful implementation of these recommendations will require the coordinated and cooperative efforts of state and local government agencies, nonprofit organizations, the private sector, community institutions and parents.





Abuse and neglect of children occurs across all socioeconomic, religious and ethnic groups.

Challenges to Address

National Trends and Data

The U.S. Department of Health and Human Services (HHS) estimates 1,400 child fatalities occurred in the United States in 2002 as a result of injuries caused by child abuse and neglect.¹ Since States' definitions of abuse and neglect vary, many researchers believe that this number is a conservative estimate. The National Child Abuse and Neglect Data System (NCANDS) reports that the number and rate of child abuse and neglect fatalities increased slightly during the last several years. It is not clear whether these numbers reflect an actual increase in fatalities or are a result of improvements in reporting procedures.²

NCANDS data for 2002 indicates that children three years old or younger are the most frequent victims of abuse and neglect fatalities. Children younger than one year accounted for 41 percent of fatalities and children younger than eight years accounted for 89 percent of fatalities. Boys are more likely to be victims of fatal child abuse or neglect, accounting for 59 percent of reported fatalities in 2002.



The overwhelming majority of child fatalities due to maltreatment are associated with physical abuse or neglect (96 percent in 2002).³ Commonly reported abusive behaviors include striking the child, drowning, suffocating or shaking. Neglect occurs when a caregiver fails to provide for the child's basic needs. Examples of neglect include failure to provide adequate nourishment or leaving the child unsupervised, resulting in fatal injuries.

Abuse and neglect of children occurs across all socioeconomic, religious and ethnic groups and there is no single, identifiable cause of maltreatment.⁴ Factors related to the parents, the child, the living environment and families all interact in contributing to child abuse and neglect. Children with disabilities or mental retardation are significantly more likely to suffer abuse.⁵ Substance abuse and domestic violence are strong contributing factors.⁶

A HHS review of research studies indicates that perpetrators of fatal child abuse are often in their mid-20s, have not graduated from high school, live at or below the poverty level, are depressed, and have difficulty coping with stressful situations.⁷ Often, the perpetrator has been a victim of violence or child abuse. Fathers or other male caregivers most often cause fatalities due to physical abuse while mothers are most often responsible for deaths resulting from neglect.

- ¹ Child Maltreatment 2002, U.S. Department of Health and Human Services, 2004.
- ² National Clearinghouse on Child Abuse and Neglect Information, August 2003 Newsletter.
- ³ Child Maltreatment 2002, U.S. Department of Health and Human Services, 2004.
- ⁴ Emerging Practices in the Prevention of Child Abuse and Neglect, U.S. Department of Health and Human Services, 2003.
- ⁵ National Clearinghouse on Child Abuse and Neglect Information, February 2004 Newsletter.
- 6 Ibid.
- ⁷ Child Maltreatment 2001, U.S. Department of Health and Human Services, 2003.



42 percent of child abuse victims were under age six and 64 percent were under age 10.

A survey of research conducted on behalf of Prevent Child Abuse America indicates that not only do survivors of child abuse and neglect suffer lasting, tragic consequences, but the associated costs to society are great.8 Abused and neglected children are more likely to suffer from depression, alcoholism, drug abuse, and severe obesity. These children are also more likely to need special education in school and to be arrested as juveniles or adults. Estimated direct costs for medical and mental health care, child welfare services, law enforcement and adjudication exceed \$24 billion annually. Indirect costs, such as loss of productivity to society, are estimated at nearly \$70 billion annually.

A Snapshot of Virginia

The Virginia Department of Social Services reports that 29 children died in Virginia as a result of child abuse or neglect during FY 2004.9 Twenty-one of these victims were under the age of four.

Under Virginia law, abuse or neglect occurs when parents or other persons responsible for the care of a child under age 18:

- Cause or threaten to cause physical harm or mental injury (except for an accident)
- Fail to provide adequate food, clothing, shelter, medical care or caring support
- Abandon the child
- Fail to provide the kind of supervision necessary for a child's age or developmental level
- Commit, or allow to be committed, any illegal sexual act involving a child

Local departments of social services received 32,148 reports of suspected child abuse or neglect involving 47,445 children in FY 2004. 10 Follow-up on these reports indicated that 6,876 children suffered abuse or neglect that met Virginia's legal criteria and 8,597 children were deemed to be at moderate or high risk for abuse. A total of 5,919 parents and caregivers were determined to have committed child abuse or neglect.

Approximately 42 percent of child abuse victims were under age six and 64 percent were under age 10. Fifty-five percent were Caucasian and 35 percent were African-American. The latest available data reveal that the majority (56 percent) of maltreatment was due to physical neglect defined as the failure to provide food, clothing, shelter or adequate supervision. Physical abuse accounted for more than a quarter of the cases (26 percent) and sexual abuse accounted for twelve percent. Medical neglect (4 percent) and mental abuse (2 percent) comprised the remainder of the founded cases.



⁸ Total Estimated Cost of Child Abuse and Neglect in the United States, Prevent Child Abuse America, 2001.

⁹ Online Automated Services Information System (OASIS), Virginia Department of Social Services.

¹⁰ Ibid.

¹¹ Ibid.



Q Twenty-eight critical issues were identified.

Needs Identified Through Public Input Sessions

Seven public input sessions were conducted during August and September 2004 to gather information on prevention efforts and needs. Four sessions were held with invited stakeholders representing social service agencies, nonprofit organizations, service providers, schools, hospitals, health departments and program administrators. A total of 103 stakeholders participated. Three sessions were held with parents who were actively involved in community-based support and education programs. Thirty-eight parents attended these sessions.

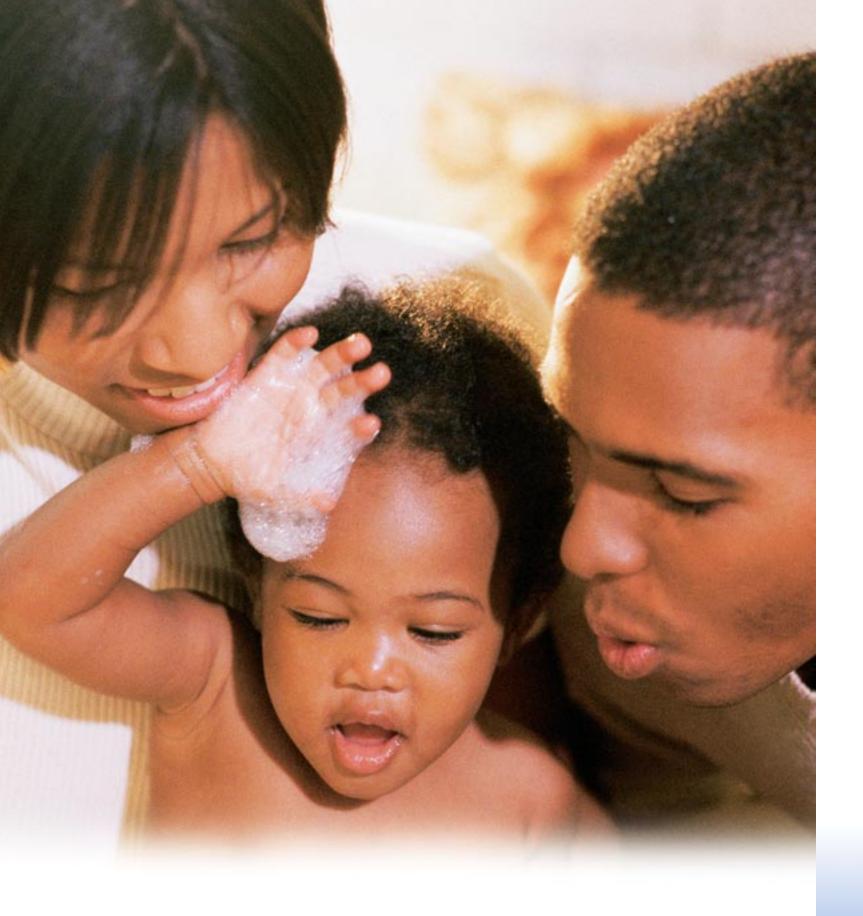
The four stakeholder groups identified twenty-eight critical issues. These issues were grouped into six similar categories:

- Children are not always viewed as a priority, especially by policymakers
- Community awareness and commitment is not adequate
- Factors contributing to child abuse and neglect are complex and difficult to address
- Available services are inadequate to meet needs
- Societal acceptance of violence contributes to the problem
- The current delivery system of prevention services is fragmented

Participants in the three parent groups identified current unmet needs:

- Better dissemination of prevention and parent education materials and more information on available services
- Improved access to family support services and financial assistance before problems become more severe
- Increased child care services for parents in crisis as well as those attending parenting classes and support programs
- More classes and activities throughout the community that are affordable and accessible, including activities that parents and children can participate in either together or separately
- Improved relationships with Child Protective Services (CPS) workers to create a helping, supportive partnership with parents
- More support groups and parenting classes
- More training and education for parenthood beginning with young teens





Community environments that are supportive of prevention approaches contribute to the success of programs.

Effective Prevention Practices

Prevention Approaches and Keys to Success

Prevention includes both activities that promote certain behaviors and activities that stop actions or behaviors from occurring. Although it is unlikely that maltreatment of children can be completely eliminated, it is possible to reduce the incidence of abuse and neglect.

According to a recent HHS report, most child abuse and neglect prevention programs fall into one of six general approaches.¹² These include:

- 1. Public awareness activities such as public service announcements or information kits and brochures that promote healthy parenting practices and child safety
- 2. Skills-based curricula for children that help them learn about and develop safety and protection skills
- 3. Parent education programs and parent support groups that help caregivers develop positive discipline techniques, learn age-appropriate child development skills and gain access to needed services and support
- 4. Home visitation programs that provide support and parenting skill development
- 5. Respite and crisis care programs that provide a break for caregivers in stressful situations
- 6. Family resource centers that provide formal and informal support and information

Community environments that are supportive of prevention approaches contribute to the success of programs. Research has documented several components that are present in effective prevention programs:¹³

- Comprehensive, multiple interventions that address the same problem behavior
- Varied teaching methods that involve interactive instruction and hands-on experience
- Sufficient intervention "dosage"
- Theory driven approaches based on empirically-tested interventions
- Positive relationship development between parents and children
- Interventions timed to meet current needs
- Materials tailored to intellectual, cognitive and social development of participants
- Culturally relevant interventions
- Clear goals and documented results
- Well-trained staff



¹² Practices in the Prevention of Child Abuse and Neglect, U.S. Department of Health and Human Services, 2003 and National Clearinghouse on Child Abuse and Neglect Information, July 2003 Newsletter.

¹³ Virginia Child Protection Newsletter, Vol. 71, Summer 2004.



Several key factors contribute to successful prevention efforts.

Successful Virginia Programs and Approaches

Participants at all seven public input sessions provided information concerning programs and services which they thought most helpful in preventing child abuse and neglect. The most frequently mentioned resources include:

- Bright Futures Program
- Comprehensive Health Investment Project (CHIP)
- Faith-based education and support programs
- Family Resource Centers
- Family Access to Medical Insurance Security (FAMIS)
- Head Start Program
- Healthy Families America Program
- Home visits
- Hospital sponsored classes
- Mandated reporting
- Parent support groups
- Parenting education programs, especially child discipline techniques
- Play groups
- Project LINK
- Public awareness campaigns
- Resource Mothers Program
- Respite care
- School-based programs
- Strengthening Families Program

Stakeholder groups identified several key factors contributing to successful prevention efforts:

- 1. Adopting a healthy family approach that develops trusting, nonjudgmental working relationships and builds on existing family strengths
- 2. Increasing community awareness and recognition of the issues associated with child abuse and neglect and strengthening commitment to prevent its occurrence
- 3. Fostering collaboration among agencies, organizations and service providers to bring multiple resources to the table to provide a continuum of services
- 4. Initiating early contact with families when they most need information and support, are more receptive to assistance and problems are more easily addressed
- 5. Securing financial and human resources necessary to provide a variety of effective services in an affordable and accessible manner
- 6. Taking a holistic approach with the entire family that provides numerous options for meeting needs
- 7. Using culturally appropriate materials and approaches to increase access to families in need and help build supportive relationships





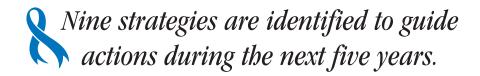
Strategies and Action Plan

Nine strategies are identified to guide actions during the next five years:

- 1. Establish a long-term leadership structure and provide authority for plan implementation and monitoring
- 2. Develop creative, flexible and sustainable funding mechanisms to support prevention efforts
- 3. Expand and strengthen prevention partnerships
- 4. Enhance the prevention capacity of the Department of Social Services
- 5. Further the use of evidenced-based and promising new prevention approaches and programs
- 6. Solicit feedback from parents and communities to help identify needs and successful programs
- 7. Increase advocacy efforts at the state and local levels
- 8. Implement interdisciplinary training on abuse and neglect prevention and expand cultural literacy
- 9. Extend public education and outreach programs

The following pages outline specific actions to be taken to further these strategies. The dates indicate projected initiation of actions, not ending dates. It should be noted that many of the actions, once initiated, will be ongoing for several years.







The plan is meant to remain dynamic and responsive to changing needs and evolving opportunities.



Establish a Long-term Leadership Structure and Provide Authority for Plan Implementation and Monitoring

Action	Steps/Milestones	Outcomes	Coordinator & Initiation Date
Create a statewide support structure for child abuse and neglect prevention efforts	 Request the Governor to issue an Executive Order directing collaboration and cooperation among state and local agencies and organizations to increase child abuse and neglect prevention efforts Create interagency Child Abuse Prevention Committee (CAPC) under the auspices of the Governor's Advisory Board on Child Abuse and Neglect (GAB) in partnership with the Virginia Department of Social Services (VDSS) and Prevent Child Abuse Virginia (PCAV) to support and monitor plan implementation Include parents, representatives of medical, judicial, health, disabilities, military and education fields among others on the interagency group Cooperate with other agencies and the Secretary of Health and Human Resources to determine the need to recreate the Council on Coordinating Prevention Research and assess other states' efforts regarding the creation of a children's cabinet or cabinet level position 	Increased effectiveness of child abuse and neglect prevention programs	VDSS, PCAV, and GAB 2005
Promote development of regional and community prevention plans with measurable objectives, timelines and accountability	 Identify and involve groups such as Healthy Families coalitions and Child Advocacy Centers Establish more formalized partnerships in communities to lead local child abuse and neglect planning and implementation efforts Provide useful models, tools and technical assistance to encourage and support planning activities 	More effective use of available resources to reduce child abuse and neglect	VDSS and PCAV 2006

Develop Creative, Flexible and Sustainable Funding Mechanisms to Support Prevention Efforts



Action	Steps/Milestones	Outcomes	Coordinator & Initiation Date	Action	Steps/Milestones	Outcomes	Coordinator & Initiation Date
Create a Funding Advisory Committee to recommend additional funding options for child abuse and neglect prevention	 Identify a person in each state government agency, and private and nonprofit agency partners, providing child abuse and neglect prevention services to serve on a Funding Advisory Committee for the CAPC Increase existing child abuse and neglect prevention appropriations such as Healthy Families and child abuse prevention line items Identify funding sources and methods used by other states, including family and children's trust funds Examine public and private funding sources and identify 	Expansion of prevention programs through access to new financial resources	CAPC, GAB, VDSS 2005	Expand the scope of child abuse and neglect prevention partnerships	 Develop educational materials that document the effectiveness of prevention efforts and the need for local and regional partnerships Involve representatives of health care, child care, law enforcement, education, courts and the faith community in redirected effort Promote development and expansion of local child abuse and neglect multidisciplinary teams and coalitions that address prevention 	Expansion of local child abuse and neglect prevention programs	VDSS and PCAV 2005
	creative options for leveraging resources • Provide recommendations to CAPC • Provide informational materials to General Assembly members on funding needs			Expand the number of local and regional Child Fatality Review Teams	 Promote expansion of local and regional child fatality review across the state Support local and regional teams through training and technical assistance Increase community and local level awareness of prevention initiatives regarding child fatalities 	More child fatalities will be reviewed in Virginia	VDSS and Office of the Chief Medical Examiner 2005

Strategy #5

needs

Enhance the Prevention Capacity of the Department of Social Services



Action	Steps/Milestones	Outcomes	Coordinator & Initiation Date	Action	Steps/Milestones	Outcomes	Coordinator & Initiation Date
Enhance data collection and data sharing for child abuse and neglect prevention Identify dedicated. Identify dedicated.	Identify, create and implement appropriate information systems to capture child abuse and neglect prevention data Link to Governor's Office on Substance Abuse Prevention social indicators database Establish a data system evaluation mechanism	Improved knowledge on effective prevention efforts and outcomes Increased ability to track children at risk of maltreatment	VDSS 2006	Create a Program Advisory Committee to review and recommend changes to prevention programs based on evidence-based standards	 Identify a person in each state agency, and private and nonprofit partners, providing child abuse and neglect prevention services to serve on a Program Advisory Committee for the CAPC Develop evidence-based standards and criteria Review Virginia child abuse and neglect prevention programs and evaluate using standards Develop replicable models for continuum of services for localities to use Standardize data sources and needs assessment models Link funding to effective programs and best practices Provide training on best practices and models Gather outcome data to continually assess programs and justify further funding 	Elimination of ineffective programs and practices and an increase in effective approaches	CAPC and VDSS 2005
 Identify dedicated financial resources to support child abuse and neglect prevention efforts 	 Identify costs associated with fulfilling agency prevention mandate for child welfare Establish a dedicated funding stream Increase staff positions dedicated to prevention activities at the state and local levels 	Decreased direct and indirect costs associated with child abuse and neglect	VDSS 2005	 Identify and link government, private and nonprofit staff tasked with identifying evidence based research 	 Establish links to local, state and federal programs and research on website Provide training on evaluation methods and provide educational materials Collaborate with existing state and national groups including VDH, GOSAP and DMHMRSAS 	Increased use of evidence based programs and approaches and evaluation methods	VDSS and VDH Center for Injury and Violence Prevention 2005
				 Identify evaluation standards and methodologies for state child abuse and neglect grants 	Create a standardized needs assessment instrument Develop standards for research, evaluation, methodology and outcomes	Expansion of evaluation programs and outcome-based measures	Selected state agencies 2006
				Procure research and evaluation services	Develop partnerships with universities, state agencies and consultants to conduct research and evaluation	Expansion of evaluation programs and outcome-based measures	CAPC and VDSS 2006
				Enhance data collection on child fatalities	Create a comprehensive data tool for comparability across local review teams Provide training and technical assistance on use of data tool	More comprehensive data on child fatalities, including trends and prevention	State Child Fatality Review Team 2005

Strategy #7





Action	Steps/Milestones	Outcomes	Coordinator & Initiation Date	Action	Steps/Milestones	Outcomes	Coordinator & Initiation Date
Create a Parent Advisory Council for CAPC	Identify Parent Advisory Council members with an interest in prevention, including parents who are or have been participants in prevention services Develop a survey instrument to identify parent needs, knowledge and attitudes regarding child abuse and neglect and any involvement they may have with VDSS Review results of needs assessments and report to CAPC on unmet needs and programs viewed by parents as helpful	Programs and services designed to meet family needs	CAPC and PCAV 2005	Strengthen and enhance the Statewide Advocacy Group to provide leadership for advocacy efforts	 Link efforts of the Statewide Advocacy Group to CAPC activities and information Create and implement a grassroots advocacy campaign for child abuse and neglect prevention Develop a website with advocacy resources Document issues and develop strategies for statewide advocacy efforts Create listservs, phonetrees and other methods of communication with supporters Establish a list of regional coordinators Identify strategic group advocacy efforts and activities Develop series of letters to the editor for local papers Educate public policy makers on child abuse and neglect issues and needs Coordinate regional advocacy efforts 	More people actively engaged in advocacy about child abuse and neglect prevention which leads to increased support at local, state and federal levels Increased emphasis by and understanding of child abuse and neglect prevention needs by public policy makers	PCAV 2005

Strategy #9

Implement Interdisciplinary Training on Abuse and Neglect Prevention and Expand Cultural Literacy



Action	Steps/Milestones	Outcomes	Coordinator & Initiation Date	Action	Steps/Milestones	Outcomes	Coordinator & Initiation Date
Establish a comprehensive interdisciplinary training program	 Engage VISSTA, Square One, Partnership for People with Disabilities, Virginia Department of Health, higher education, medical schools and professional organizations in identifying existing training gaps and opportunities Develop training programs to fill identified gaps, including programs that meet continuing education requirements for professionals Disseminate information across professional disciplines on available training programs and resources via websites and other methods 	Increase interdisciplinary knowledge and collaboration for prevention	VDSS 2005	 Convene a public education task force under CAPC to help develop a statewide marketing campaign for child abuse and neglect prevention 	 Develop a two-pronged social marketing campaign to engage (1) the public, communities and individuals involved in prevention, and (2) parents and other caregivers in making parenting and care giving a priority Develop message/tagline that resonates throughout the Commonwealth Incorporate components for Internet presence, recognized spokesperson, templates for local outreach Include Community Health Workers as educators and outreach coordinators 	Effective strategies and messages that enhance and support positive parenting and care giving skills	CAPC and PCAV 2006
Develop training programs on cultural literacy	Plan and implement materials and training programs, including web-based modules, for culturally diverse communities Identify useful resources, tools, assessments and materials and link through websites	More effective and appropriate provision of services to families from different cul- tures	VDSS, VISSTA, and PCAV 2005	Build 1-800- CHILDREN into a model help/support line for parents	 Link phone number to statewide marketing campaigns Distribute information to partner groups including medical professionals, school personnel, child care centers, faith-based groups and other partners Link to local and regional parent help and support phone lines and resource and referral centers 	Increase parent access, awareness and involvement	PCAV 2006

Organizations Represented at Stakeholder Input Sessions

Steering Committee Members

Charlottesville

Campbell County Department of Social Services

Central Virginia Community Services

Charlottesville Department of Social Services

Head Start – Lynchburg Community Action Group

Jefferson Area Comprehensive Child Investment Project

Lynchburg City Schools

National Association of Social Workers, Virginia Chapter

Partnership for Children

Region Ten Community Services Board

Resource Mothers Harrisonburg

Roanoke Department of Social Services

Rockbridge Area Community Services Board

The Arc of the Piedmont

United Way

Virginia Department of Juvenile Justice

Waynesboro Health Department

Fairfax

Caliber Associates

Childhelp USA Children's Center of Virginia

Ethiopian Community Development Fund

Fairfax County Coordinated Services

Fairfax Department of Family Services

Fairfax/Falls Church Community Services Board

Frederick County Schools

Fredericksburg Department of Social Services

Governor's Advisory Board on Child Abuse and Neglect

Healthy Families Alexandria

Healthy Families Fairfax

Healthy Families Fairfax Advisory Council

Healthy Families Orange County

INOVA Fairfax Hospital for Children

MotherNet/Healthy Families Loudoun

Northern Virginia Family Service

Reston Interfaith Council

Stop Child Abuse Now of Northern Virginia

United Methodist Family Services

Virginia Beach

Brunswick County Department of Social Services

Center for Pediatric Research - Children's Hospital of The King's

Daughters

Chesapeake Community Services Board

Chesapeake Comprehensive Health Investment Project/Healthy

Families

Chesapeake Volunteers in Youth Services

Child and Family Services of Eastern Virginia

City of Norfolk

Eastern Shore Health District

Eastern Virginia Medical School

Family Focus Grafton

First Home Care

First Steps Virginia

Hampton Healthy Families Partnership

KidsPriorityOne

Middle Peninsula/Northern Neck Community Services Board

Navy Fleet and Family Support Center

Newport News Healthy Families

Newport News Office on Youth Development

Newport News Police Department

Norfolk Department of Health Services

Norfolk Interagency Consortium

Northampton County Cooperative Extension

Northampton Department of Social Services

Places and Programs for Children

Portsmouth Community Health Center

Portsmouth Department of Social Services

Prevent Child Abuse Hampton Roads Resource Mothers – Three Rivers Health District

Samaritan House

Synapse Consulting

Virginia Beach Court Appointed Special Advocates

Virginia Beach Department of Health Services

Virginia Cooperative Extension – Eastern Shore

Virginia Parent Teachers Association

Wytheville

Alleghany Highlands Community Services Board

CAPS of the Blue Ridge, Inc.

Children's Advocacy Center of Roanoke

Children's Advocacy Center of the New River Valley

Comprehensive Health Investment Project of Roanoke Valley

Halifax County Schools

Healthy Families Southwest Virginia

Henry County Baptist Association

Lenowisco Health District

Lonesome Pine Office on Youth

Montgomery County Department of Social Services

Montgomery County Public Schools

New River Valley Child Advocacy Center

Scott County Head Start

Southwest Virginia Child Advocacy Center

Southwest Virginia Legal Aid

The Crisis Center

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Dr. Wanda Barnard-Bailey, LCSW

Navy Fleet and Family Support Programs

Elizabeth Whitley Baron, PhD

Virginia Department of Social Services

Catherine Bodkin

Virginia Department of Health

Judith Cash

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Diane CharlesStop Child Abuse Now of Northern

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Ann Childress

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Ruth Micklem

Virginians Against Domestic Violence

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State Child Fatality Review Team

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Pam West
Montgomery County Department of

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Put a Stop to Child Abuse.

Prevention Starts With You.

Find Ways to Get Involved.





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